

MAR 23 2015

PRINTED: 02/13/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ <i>2/3</i>	(X3) DATE SURVEY COMPLETED 01/29/2015
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NAME OF PROVIDER OR SUPPLIER PARKVIEW FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2778 REYNOLDS PARK ROAD WINSTON-SALEM, NC 27107 <i>County: Forsyth</i>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey January 28 - 29, 2015.	C 000	<i>In order to correct this deficiency, and to prevent the problem from occurring again. After MARs are delivered to the facility from the pharmacy, a medication aide will be assigned by management to check all MARs every month for accuracy. At that time if a mistake is discovered, the medication aide have been informed to make the pharmacy & administration aware of the discrepancy. At that time the doctor's order will be compared with the MARs to ensure that the medication is given as ordered by the physician. Furthermore at that time, if the →</i>	
C 342	<p>10A NCAC 13G .1004(j) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:</p> <ol style="list-style-type: none"> (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to assure Medication Administration Records were accurate for 1 of 3 sampled residents (Resident #1) with the documentation of Loratadine (an antihistamine used to treat allergy symptoms).</p> <p>The findings are: Review of Resident #1's current FL2 dated</p>	C 342		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE _____ (X8) DATE **3/17/15**

Jangle Jones - Manager

STATE FORM

6899

GYT24

If continuation sheet 1 of 10

*POC Approved
per S. Poplin
03-26-2015*

Division of Health Service Regulation

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C 342	<p>Continued From page 1</p> <p>09/16/14 revealed: -Diagnoses included schizophrenia, chronic obstructive pulmonary disease, hypertension, obesity, tran deficiency anemia, noncompliance with oxygen, and irritable bowel syndrome. -Medication orders included Loratadine 10 mg daily as needed.</p> <p>Review of the signed Physician's Order Renewal dated 12/16/14 revealed: -A printed Physician's Order form provided by the pharmacy. -The physician's order, signed and dated 12/16/14, included an order for Loratadine 10 mg take daily with an original order date of 04/16/14 and handwritten beside the order "prn" (as needed).</p> <p>Review of Resident #1's Medication Administration Records (MAR) for for September 2014, October 2014, November 2014, and December 2014 revealed Loratadine 10 mg take daily with an original order date of 04/16/14 printed on the MAR and handwritten beside the Loratadine "prn - see prn chart".</p> <p>Review on 01/28/14 of Resident #1's current January 2015 MAR revealed: - Loratadine 10 mg take daily with an original order date of 04/16/14 printed on the MAR with an administration time of 8:00 am. -Documentation by staff that Loratadine was administered daily at 8:00 am from 01/01/14 to 01/28/14.</p> <p>Interview with Resident #1 on 01/28/14 at 4:05 pm revealed: -Staff gives her "a medicine" for her allergies "when I am stopped up". -She did not know the name of the medication.</p>	C 342	<p>medication aide and pharmacist cannot clarify the order, the FCH will call the physician's office for clarification alone w/documentation of the medication in question. Also the FCH will create a monthly log for the medication aide to sign off stating that the mars was checked for accuracy.</p>	4/5/15

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C 342	<p>Continued From page 2</p> <p>-She did not take the medication everyday, only when I need it. -She had not requested or received the medication for her allergies for several weeks. -She did not have to ask for the medication very often.</p> <p>Interview by phone on 01/28/14 at 3:45 pm with the facility pharmacist revealed: -The pharmacy received a prescription from Resident #1's physician on 04/16/2014 for Loratadine 10 mg daily. -There had been no changes to this order by the physician since the original order on 04/16/2014. -The pharmacy had not been notified by the facility that the physician had signed an FL-2 on 09/16/14 and the order was for Loratadine 10mg to be given as needed. -The pharmacy filled the Loratadine 10 mg with 30 pills each month on 04/16/14, 05/14/14, 06/11/14, 07/10/14, 08/06/14, 09/11/14, 10/08/14, 11/07/14, 12/04/14, and 01/05/15.</p> <p>Observation on 01/29/15 at 9:25 am of medications on hand for Resident #1 revealed: -Resident #1 had pharmacy generated labeled bubble packs of Loratadine 10 mg with the instruction to take one daily on the label. -The fill dates and number of pills remaining in each pack were 05/14/14 (3), 06/11/14 (30), 07/10/14 (30), 08/06/14 (30), 09/11/14 (30), 10/08/14 (24), 11/07/14 (30), 12/04/14 (30), 01/05/15 (30).</p> <p>Interview on 01/29/15 at 9:00 am with a nurse in Resident #1's physician's office revealed: -She had contacted the physician and he said that the original order for Loratadine 10 mg that was given to the pharmacy on 04/16/2014 should</p>	C 342		

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C 342	<p>Continued From page 3</p> <p>have been prn instead of daily. -She was calling the pharmacy to clarify the order for the Loratadine.</p> <p>Interview on 01/28/15 at 3:25 pm with Staff C, Supervisor-in-Charge/Medication Aide (SIC/MA) revealed: -She only gives Loratadine to Resident #1 "when she is congested". -"She has not been congested in a long time" and had not given Resident #1 Loratadine in January. -She did not realize she had initialed on the January 2015 MAR that she gave Loratadine 10 mg on 01/04/15 and 01/27/15. -She knew that Resident #1 did not need Loratadine 10 mg daily.</p> <p>Interview on 01/28/15 at 2:50 pm with the Manager/SIC revealed: -The SICs are responsible for reviewing the MARs that are sent from the pharmacy before the beginning of each month. -The SIC "checks off" each medication to make sure it is on the MAR, "but we may not be checking to make sure the dosage or frequency matches what we have for the order." -She "sometimes" sends the signed Physician Order Renewal forms to the pharmacy, but not always. -She was not aware that 3 SIC/MAs had documented on the January 2015 MAR for Resident #1 that she had received Loratadine 10 mg daily. -She was one of the SICs that had documented the Loratadine had been given daily. -She thought the problem was the SIC who reviewed the January 2015 MAR did not "catch" that the Loratadine was supposed to be given as needed and did not write this on the MAR. -She did not think Resident #1 had been given</p>	C 342		

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C 342	Continued From page 4 this daily because the medications were on hand for Resident #1. -She would contact the pharmacist to see if the order had been clarified by the physician's office.	C 342	To ensure the pharmacist is providing medication reviews quarterly. The FCH will keep a calendar outlining the months that the quarterly medication reviews are due. Management will be responsible for checking the residents charts quarterly to ensure the reviews are done. Also a written memo will be given to the pharmacist informing her of this deficiency and a reminder that the reviews are due quarterly. Also in that memo the pharmacist will be required to sign stating that she is aware and have been informed of the rule 10A NCAC 13G 1009. Also the FCH will →	4/5/15
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication	C 375		

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C 375	<p>Continued From page 5</p> <p>review in the resident's record;</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure medication reviews were completed at least quarterly for 2 of 3 sampled residents (Resident #1 and Resident #3).</p> <p>The findings are:</p> <p>A. Review of Resident #1's current FL2 dated 09/16/14 revealed diagnoses of schizophrenia, hypertension, chronic obstructive pulmonary disease, obesity, trans deficiency anemia, non-compliance with oxygen, irritable bowel syndrome.</p> <p>Review of Resident #1's Resident Register revealed an admission date of 07/01/06.</p> <p>Further review of the current FL-2 dated 09/16/14 revealed medications included Citalopram (Citalopram is used to treat depression, anxiety, obsessive compulsive disorders), atenolol (Atenolol used to treat hypertension), Amlodipine Besylate (Amlodipine Besylate is used to treat hypertension), clozapine (Clozapine is used to treat schizophrenia), and Divalproex sodium (Divalproex sodium is used to treat mood disorders).</p> <p>Review of the Resident #1's record revealed documentation that pharmacy reviews were completed on 04/26/13, 09/15/13, 03/17/14, and 10/27/14.</p> <p>Resident #1 was out of the facility and was not available for interview.</p>	C 375	<p><i>Request that the Pharmacist sign an agreement stating that she will provide the medication reviews quarterly as stated in our initial conversation and agreement.</i></p>	

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C 375	<p>Continued From page 6</p> <p>Refer to interview on 01/28/15 at 11:05 am with the Manager/Supervisor-in-Charge (SIC) of the facility.</p> <p>Refer to interview on 01/28/15 at 2:35 pm with the Pharmacy Consultant.</p> <p>B. Review of Resident #3's current FL-2 dated 12/15/14 revealed diagnoses included psychosis not otherwise specified.</p> <p>Further review of the current FL-2 dated 12/15/14 revealed medications included Haldol injections every four weeks (Haldol is used to treat schizophrenia), Zyprexa (Zyprexa is used to treat psychotic conditions such as schizophrenia), and Losartan (Losartan is used to treat high blood pressure).</p> <p>Review of Resident #3's record revealed documentation that pharmacy reviews were completed on 04/26/13, 09/15/13, 03/17/14, and 10/29/14.</p> <p>Interview with Resident #3 on 01/28/15 at 9:40 am revealed: -He had lived at the facility for 4 years. -"I love it here." -Staff took him to his mental health provider every four weeks to receive the Haldol injections. -Staff gave him his medications on time and he had no concerns about his medicines. -Resident #3 stated "I am stable on my medicines."</p> <p>Refer to interview on 01/28/15 at 11:05 am with the Manager/SIC of the facility.</p> <p>Refer to interview on 01/28/15 at 2:35 pm with the</p>	C 375		

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C 375	<p>Continued From page 7</p> <p>Pharmacy Consultant.</p> <hr/> <p>Interview on 01/28/15 at 11:05 am with the facility Manager/SIC revealed: -The facility contracted with a Pharmacy Consultant to provide medication reviews. -She was not aware that the reviews were to be done quarterly. -"The pharmacist keeps up with when she is supposed to do the reviews." -She was not aware that the reviews had not been done quarterly.</p> <p>Interview on 01/28/15 at 2:35 pm with the Pharmacy Consultant revealed: -She was responsible for providing Pharmaceutical reviews for the facility. -She was not aware that the reviews were to be done quarterly. -She had been doing them quarterly, but someone, not from the facility, had told her the reviews could be done every six months. -She would come to the facility "in the next few days" to do a pharmaceutical review. -She would begin providing pharmaceutical reviews quarterly at the facility.</p>	C 375		
C 934	<p>G.S.131D-4.5B (a) ACH Infection Prevention Requirements</p> <p>G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements</p> <p>(a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures</p>	C 934		

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C 934	<p>Continued From page 8</p> <p>during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 2 of 2 staff (Supervisor-in-Charge/Medication Aide) employed more than one year received mandatory annual infection prevention training.</p> <p>The findings are:</p> <p>A. Review of Staff B's personnel record revealed: -A hire date of 05/21/00. -Staff A's job title was Manager/Supervisor-in-Charge (SIC) and medication aide (MA). -Documentation of successful Medication Aide Testing results dated 07/19/2000. -Documentation of blood-borne pathogen training on 11/22/14. -No documentation of annual mandatory infection prevention training.</p> <p>Refer to interview on 01/29/14 at 11:00 am with Staff B, Manager/SIC/MA.</p> <p>B. Review of Staff C's personnel record revealed: -A hire date of 10/31/12.</p>	C 934	<p>Do ensure that all Staff complete the infection prevention training. Management will go on the website and download the training info packet. After 1st reviewing the training material in detail, management will then use the information to train all staff annually</p>	4/15/15

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C 934	<p>Continued From page 9</p> <ul style="list-style-type: none"> -Staff C's job title was SIC and MA. -Documentation of blood-borne pathogen training 11/22/14. -No documentation of annual mandatory infection prevention training. <p>Interview with Staff C, SIC and MA, on 1/29/14 at 11:05 am revealed:</p> <ul style="list-style-type: none"> -She had worked at the facility as an SIC and MA since 10/31/12. -Her duties included medication administration. -She had not completed annual mandatory infection prevention training because she was not aware it was a requirement. -Staff B arranged for training for employees. <p>Refer to interview on 01/29/14 at 11:00 am with Staff B, Manager/SIC/MA. _____</p> <p>Interview with Staff B, Manager/SIC/MA, on 01/29/14 at 11:00 am revealed:</p> <ul style="list-style-type: none"> -She was responsible for the management of the home since 05/21/00. -Her duties and responsibilities included management, arranging for staff training, and medication administration. -She was unaware of the requirement for mandatory annual infection prevention training for SICs and MAs. -She would ensure that all MAs and SICs completed the mandatory annual infection prevention training. 	C 934		

Shook, Linda

From: Shook, Linda
Sent: Thursday, March 26, 2015 10:48 AM
To: Sheila Moore (moore@forsyth.cc)
Cc: Poplin, Sherry S; Harrison, Carolyn
Subject: PARKVIEW FAMILY CARE HOME - FORSYTH COUNTY
Attachments: Parkview Family Care 2015-03-17 POC-GYT211.pdf

Please find attached copy of the approved Plan of Correction (POC) for the above referenced facility.

Thank you.

Linda Y. Shook, Processing Assistant
Adult Care Licensure Section
NC Department of Health and Human Services
Division of Health Service Regulation
12 Barbetta Drive, Asheville, NC 28806
Phone: (828) 670-3391 x 149
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